



Applied Behavior Analysis (ABA) Therapy Request Form

To process your request without delays, this form must be completely filled out and necessary documentation attached.

Information shared with PHP by a provider, will be released to the member or member's representative upon their request.

Fax all requests to 517.364.8409 between 8 a.m. and 5 p.m. EST, Monday through Friday

Patient Information		BCBA Provider Information	
Today's Date:		BCBA Provider Name:	
Member Name:		Office Contact Person:	
Member's PHP ID# (19 digits):		Office Phone:	
Date of Birth:		Office Fax:	
Required Information			
Has a diagnosis of Autism/Autism Spectrum Disorder been established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year diagnosis established:	Is documentation of diagnosis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	ICD-10 Diagnosis Code (F84.0):
PHP requires documentation of an autism diagnosis established by autism testing before authorizing the evaluation and treatment planning.			
Initial Request for Service			
Date(s) of Service:			
<input type="checkbox"/> Behavior identification assessment...by physician (97151), per 15 min.			# of units
<input type="checkbox"/> Behavior identification supporting assessment...by technician (97152), per 15 min.			# of units
<input type="checkbox"/> Behavior identification supporting assessment...by physician on site (0362T), per 15 min.			# of units
Request for Treatment and/or Extension of Services			
Authorization #		Date(s) of Service:	
<input type="checkbox"/> Adaptive behavior treatment by protocol...by technician (97153), per 15 min.			# of units
<input type="checkbox"/> Adaptive behavior treatment with protocol modification...by physician on site (0373T), per 15 min.			# of units
<input type="checkbox"/> Adaptive behavior treatment with protocol modification...by physician (97155), per 15 min.			# of units
<input type="checkbox"/> Group adaptive behavior treatment by protocol...by technician (97154), per 15 min.			# of units
<input type="checkbox"/> Group adaptive behavior treatment with protocol modification...by physician (97158), per 15 min.			# of units
<input type="checkbox"/> Family adaptive behavior treatment guidance...by physician (97156), per 15 min.			# of units
<input type="checkbox"/> Multiple-family group adaptive behavior treatment guidance...by physician (97157), per 15 min.			# of units
Authorization #		Approved date range:	
PHP Reviewer:		Date:	

01/01/2019